OFFICE OF CHIEF OF STAFF PERSONNEL AND ADMINISTRATIVE BRANCH 20 14 and 1946

POSITION QUESTIONNAIRE

Name	(Last)	(First)	(Initial)	2.	Rank o	r grade
	Levin	Kathaleen	М.		CAF	-5
Agency		4. Subdivision	i (Branch, Se	ction,	Subsect	ion, Desk)
Position CHIE	s of Enginee on Title EF (LLUST cictont Draf		rice			
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Prepar	res style sa	umples for photogr	aphic annota	tion.	:	10%
						
Does (Name	hief Draftsm your supervi e and title) is the statu	sor give your wo	rk to you? <u>X</u> Welton t is routed t	yes _	_ No. Work is	If not, who

ARMY Declass/Release Instructions On File

Approved For Belease 2001/11/19: CIA-RDP79-01147A000200040038-2

OCS Position Questionnaire (Cont'd) (Use reverse side if necessary)

10.	Who checks your work? (Name and title) Dorothy Constock, Asst.
	Cartographer and Margaret Mace Kingman, Acting Chief.
11.	How is your work checked: The work is proofed against the specification list by the Asst. Cartographer for accuracy in plotting, construction,
	spelling of names, etc. Technical details of drafting and overall
	appearance are checked by the Acting Chief. The final check of the
	printed maps, charts and photographs is made by the members of the
	Joint Intelligence Study Publishing Board and its editors.
12.	List any unusual features of your work which you consider important.
	The work involves knowledge of the use of all drafting instruments and
	materials, principles of layout and some knowledge of cartography. The
	work is classified confidential to top-secret and security measures are
	maintained. Unusual problems in the retouching and annotating of photo-
	graphs have to be solved. Also other problems in preparing material for
	reproduction.
13.	If your work involves the direction or supervision of others, planning of work assignment of work, discipline of subordinates, inspection, review, or approval of work or reports prepared by others, give the names and titles of employees so directed or supervised. If more than four persons are supervised, merely give number and titles.
14.	Certification of Completeness and Accuracy. I certify that, to the best of my knowledge, the above statements are true, accurate, and complete.
	Signature of Employee Date

15. Comments of Immediate Supervisor. Explain any inaccuracies or incomplete statements. State exactly extent of supervision and direction employee receives. Indicate any unusual features of or factors involved in position. What experience is necessary for this job? Does the present incumbent have this experience?